



STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
CITIZEN INVOLVEMENT APPLICATION

ONE TIME GUEST

ONLY ONE DAY PASS WILL BE ISSUED PER 12 MONTH PERIOD

PLEASE TYPE OR PRINT CLEARLY

ALLOW 10 BUSINESS DAYS FOR PROCESSING.

Incomplete applications will **NOT** be considered.

REQUIRED PERSONAL INFORMATION

STRINGENT PERSONAL DATA CONFIDENTIALITY MAINTAINED

GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. _____	LEGAL NAME: First Name MI Last Name Suffix			
		List any other names held ever.		Date of Birth:	Last 4 of SSN # XXX-XX-
Driver License # or valid government issued photo ID#		State Issuing DL/ID			
Mailing Address		Town		State	Zip Code+4
E-MAIL Address – (THIS WILL BE THE MAIN FORM OF CONTACT, If that does not work for you please list preferred method.)					

ABOVE SECTIONS MUST BE COMPLETED IN FULL FOR COMPLIANCE WITH STATE OF NH ADMINISTRATIVE RULES & DEPARTMENTAL POLICIES

OTHER PERSONAL INFORMATION

Telephone Home #	Work #	Work Ext. #	Cell or mobile #
Language Skills: Are you multilingual? ___ No ___ Yes		If yes, list language(s) other than English:	
Emergency Contact Information: Name		Relationship	Contact Phone

ANSWER EACH QUESTION. FULL DISCLOSURE REQUIRED FOR EACH AFFIRMATIVE ANSWER

1. ANY CURRENT/PAST CITIZEN INVOLVEMENT OR VOLUNTEER SERVICE IN CORRECTIONS? ☐ No, ☐ YES, WHERE/WHEN _____
2. ANY CURRENT/PAST CORRECTIONAL EMPLOYMENT OR APPLICATION FOR SAME? ☐ No, ☐ YES, WHERE/WHEN _____
3. HAVE ANY MEDICAL CONDITION OR DISABILITY THAT MAY RESTRICT INVOLVEMENT? ☐ No, ☐ YES _____
4. HAVE YOU EVER BEEN **CONVICTED** OF **ANY CRIME** AT ANY TIME IN YOUR PAST? ☐ No, ☐ YES _____
5. ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY? ☐ No, ☐ YES _____
6. HAVE YOU BEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS? ☐ No, ☐ YES _____
7. ARE YOU NOW UNDER CRIMINAL CHARGES FOR ANY VIOLATION OF LAW? ☐ No, ☐ YES _____
8. ANY FAMILY MEMBER AN INMATE WITH THE NH DOC? ☐ No, ☐ YES, WHO _____
9. ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF NH DOC? ☐ No, ☐ YES, WHO _____
10. DURING THE PAST 3 YEARS, ON ANY INMATE VISITING LIST? ☐ No, ☐ YES, WHO _____
11. CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE? ☐ No, ☐ YES, WHO _____
12. HAVE YOU **EVER** BEEN EMPLOYED BY THIS DEPARTMENT? ☐ No, ☐ YES, WHEN _____

13. The following question is being asked to cover Federal mandated guidelines regarding The Prison Rape Elimination Act. Please disclose any incident or conduct which may fall under the full intent of disclosure in the realm of the following question.

Have you ever been convicted, disciplined, investigated or accused of sexual misconduct of any nature? (Examples: sexual harassment, undue familiarity, rape...) Please explain a YES answer including final outcome of any investigation, conviction or discipline. ☐ No, ☐ YES, WHO _____

COMMENT ON EACH AFFIRMATIVE ANSWER; USE ADDITIONAL PAGES AS NEEDED:

Personal References: List persons who may attest to your character and/or hold a leadership role in the organization for which you intend to offer your service		
Reference Name	Address	Phone

THERE IS A 12-MONTH SEPARATION OF STATE CORRECTIONAL INVOLVEMENT REQUIRED WHEN CHANGING DESIGNATION BETWEEN VOLUNTEER AND VISITOR

○ **ONETIME GUEST OR SINGLE EVENT VOLUNTEER –**

Authorization terminates at conclusion of event. Only one day pass will be issued per 12 month period

Description of Event/Guest
Activity & Location

Date(s)

Time

If you plan to attend another event within 12 months at ANY of our facilities, you will need to fill out a Volunteer Application and attend orientation prior to being authorized to enter any of the NHDOC facilities again within 12 months.

AFFILIATION – CORRECTIONS INVOLVEMENT OFFERED ON BEHALF OF THIS ENTITY, ORGANIZATION, AGENCY, CAMPUS, OR HOUSE OF FAITH:

ORGANIZATION/GROUP

NAME:

ADDRESS:

PHONE NUMBER:

WHERE SERVICE TO BE OFFERED

State Prisons & Institutions	Transitional Housing/Work Centers & Field Services
<input type="checkbox"/> NH State Prison for Men (Concord)	<input type="checkbox"/> Calumet Transitional Housing (Manchester) [males]
<input type="checkbox"/> NH Correctional facility for Women (Goffstown)	<input type="checkbox"/> North End Transitional Housing (Concord) [males]
<input type="checkbox"/> Northern NH Correctional Facility (Berlin)	<input type="checkbox"/> Transitional Work Center (Concord) [males]
<input type="checkbox"/> Residential Treatment/Secure Psych. Units	<input type="checkbox"/> Shea Farm Transitional Housing (Concord) [females]
<input type="checkbox"/> Central Office/HQ (Concord)	Probation-Parole District Office:
<input type="checkbox"/>	Office Locations:

ALL PERSONS AND VEHICLES ARE SUBJECT TO SEARCH WITHOUT PRIOR WARNING AT NH DEPARTMENT OF CORRECTIONS FACILITIES {RSA 622: 24, 25}

Persons intending to be on any property of or in contact with an Offender under the supervision of the NH DOC are subject to Criminal History Records Review

I do hereby certify that all information I have provided the department is accurate and complete. I agree to abide by all applicable New Hampshire laws, and New Hampshire Department of Corrections rules and regulations governing persons within a state correctional facility, especially those policies relating to confidentiality. I hereby authorize a review of and full disclosure of any and all records, including criminal records, concerning myself to any duly authorized agent of the New Hampshire Department of Corrections, whether said records are of a public, private or confidential nature. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall be held harmless for releasing said information, and I do hereby release said persons, agencies or businesses from any and all liability which may be incurred as a result of furnishing such information. I understand such review is required before I am allowed to enter/serve at NH DOC facilities and that refusal to provide all necessary information may result in 1) denial of entry and 2) denial of volunteer/contract status. This authority shall continue for one year from date signed unless revoked by me in writing. A photocopy or facsimile of this release form will be valid as an original, even though said copy does not contain an original signature. I recognize the potential risks with, and assume personal responsibility for, my involvement with felony offenders. I will inform the NH DOC of any changes to the information furnished on this application, once approved, including change of address and phone, location or area of service, and will report any ensuing criminal arrest, conviction or related justice system matter. **This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.**

SIGN HERE

DATE: _____

Submit completed form to:

Tina Thurber
Supervisor of Volunteer Activities
Division of Community Corrections
New Hampshire Department of Corrections
105 Pleasant Street
PO Box 1806
Concord, New Hampshire 03301
tina.thurber@doc.nh.gov